

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012144

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** THE HEMINGWAY CONDOMINIUM ASSOCIATION OF FORT PIERCE, INC.

**Current Principal Place of Business:**

3123 SCARLET Tanager COURT  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

3123 SCARLET Tanager COURT  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 20-3882810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEISE, GORDON W LCAM  
ALL AMERICAN PROPERTY MANAGEMENT, INC.  
3123 SCARLET Tanager COURT  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHAW, STEPHEN L  
Address: 1506 EDGEVALE ROAD  
City-St-Zip: FT. PIERCE, FL 34982

Title: VP ( ) Delete  
Name: TIERNEY, MARK  
Address: 2810 ESPLANADE AVENUE  
City-St-Zip: FT. PIERCE, FL 34982

Title: ST ( ) Delete  
Name: STIKELEATHER, GRAHAM W III  
Address: 801 S. OCEAN DRIVE #1001  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN SHAW

PRES

02/07/2008

Electronic Signature of Signing Officer or Director

Date